



MESSAGE CENTER - Inbox

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Inbox: Message Detail

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From: Customer Service
Date: 07/23/2020 10:32 AM
To:

Group #:
Subscriber #:
Reference #:

Allegiance Mobile Health

07/23/2020 10:32:09 - HCSC Response:
Hello

I understand you are concerned about a claim from an ambulance company you have received. I can certainly look into the claim for you.

I was able to locate Claim #: [REDACTED] from Lone Star Ambulance 1LLC.

I show they billed \$3,565.00. The allowed amount based on the government's usual and customary rate for the service was \$1,336.41. This is the amount we paid. The billed \$2,228.59 over the allowed amount for this service. This amount is not eligible for benefits.

You can speak to them and see if they will negotiate the amount you owe, but there is no further amount that can be paid on this claim.

If you have any further questions or concerns, please contact our customer service department at the toll-free number on the back of your Blue Cross Blue Shield identification card or via the Message Center on Blue Access.

Sincerely,

Lisa S.

-- 07/21/2020 10:42:09 -- Member Question:

Good Morning,

I am a Covid-19 Survivor. I keep getting a bill for an ambulance company for an order placed by Scott and White Medical Hospital. The company is Allegiance Mobile Health. Patient Id [REDACTED] Patient Name: [REDACTED]
Date of Service: 04-16-2020 Amount \$2,228.59. The company says BCBS Texas keeps denying the claim. Please pay this immediately so that it does not ruin my credit score. I can be reached at [REDACTED]



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Sent Mail: Message Detail

Delete

To:	Customer Service	Group #:	
Date:	07/21/2020 10:42 AM	Subscriber #:	
From:		Reference #:	

Allegiance Mobile Health

Good Morning,
I am a Covid-19 Survivor. I keep getting a bill for an ambulance company for an order placed by Scott and White Medical Hospital. The company is Allegiance Mobile Health. Patient Id Patient Name:
Date of Service: 04-16-2020 Amount \$2,228.59. The company says BCBS Texas keeps denying the claim. Please pay this immediately so that it does not ruin my credit score. I can be reached at .



CLAIMS CENTER - Claim Detail

Member Information

Member name: I
Group number:
ID number:

Claim Information

Claim number:
BCBS status: Paid
Last update date: 05/08/2020
Claim type: Medical
Claim group: Add to Claim Group

Create a *Claim Group* to better manage and view your claims.

Provider Information

Provider name: LONE STAR
AMBULANCE 1 LLC
Date of service: 04/16/2020

There are no service line details available for you at this time.

Explanation of Benefits



View your EOB document to see how this claim was processed, including expenses submitted by your provider, benefits approved, and any amount you may still owe.

Download your EOB

Claim Payment Summary

The amount shown under "Amount You May Owe" will reflect costs not covered by your plan.

Below is a summary that shows how your claim was billed. The rates you agreed on with your doctor or hospital may vary from the amount billed.

Questions about what your plan covers? Check your plan documents. Or call us at the number on your member ID card.

Billed Amount	\$3,565.00
Amount You May Owe:	\$2,228.59

For Claim Payment Summary details, please refer to your Explanation of Benefits.

My Notes

25 note maximum.



Telephone: 866-623-2072
WAKEFIELD & ASSOCIATES, INC
PO Box 58 * 830 E Platte Ave Unit A
Fort Morgan, CO 80701

8:00 am - 5:00 pm MT
Monday - Friday

August 19, 2020

The creditor(s) listed below have referred your account(s) to this agency for collection. If there is some reason why you are unable to make full payment on this outstanding balance we ask that you contact our office.

To insure proper credit to your account(s) please use payment coupon below and make your check payable to Wakefield & Associates, Inc.

As of the date of this letter, you owe \$2,272.55 for the account(s) listed below. Because of simple interest which accrues at the rate listed in the table below, the amount due on the day you pay may be greater. However, if you pay the balance provided in this letter by 10/02/2020, the account(s) below would be considered paid in full.

You may make your payment online by going to our payment vendor's secure website: wakefieldpaymentsolutions.com.

Your website LOGON ID is _____ and your LOGON PIN is: _____ Your Wakefield & Associates account number is _____

Sincerely,
Wakefield & Associates Inc

Creditor	Creditor Account Number	Principal Balance	Accrued Interest	Interest Rate**	Sub Total	Service Date
ALLEGIANCE MOBILE HEALTH		\$2228.59	\$43.96	6.00%	\$2,272.55	04/16/2020

Total Due \$2,272.55

Government Standard Rate on
this is \$1,336.41. Lone Star use/Allegiance Billed
me \$3,565.00 overcharging me \$2,272.55!

**If 0% interest rate, no interest will accrue on this account.

Please send correspondence to:

PO Box 58
Fort Morgan, CO 80701

Please send payments to:

PO Box 58
Fort Morgan, CO 80701

This is an attempt to collect a debt and any information obtained will be used for that purpose. This is a communication from a debt collector.

PLEASE SEE REVERSE SIDE OF THIS NOTICE FOR IMPORTANT INFORMATION

WAKE / WF01 / 634104086547

*** Please Detach and Return in the enclosed envelope with your Payment ***

5099 / 0002603 / 0010

PO Box 58
Fort Morgan, CO 80701

August 19, 2020

Blue Cross
Blue Shield
paid you \$1,336.41

If you wish to pay by credit card, please enter the Requested Information in the spaces provided.		CHECK ONE <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> DISC. <input type="checkbox"/> AMEX	
CARD NUMBER	SECURITY CODE	EXP. DATE	
CARDHOLDER SIGNATURE	AMOUNT AUTHORIZED \$		

A \$5.95 service fee may apply. Please see the reverse side of this letter for details.

Wakefield Account #:

Amount Due: \$2,272.55



Wakefield & Associates Inc
PO Box 58
Fort Morgan, CO 80701

0028989088002272558